

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT HOLLOWAY	FINAL		
Start of Election Cycle: January 1, <u>2018</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 4931.55	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 255.00	
6) Contributions from Individuals (CRO-1210)	\$ 100.00	\$ 7193.45	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 1750.00	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 100.00	\$ 9198.45	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 20.00	\$ 20.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 6101.85	\$ 7535.30	
17) In-Kind Contributions (CRO-1510)	\$ 6101.85	\$ 8935.30	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 12223.70	\$ 16490.60	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 7292.15	\$ 7292.15	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 20.00		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Contributions from Individuals

Pg 1 of 1

Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT HOLLOMAN						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL A MATARAZZO PATRICIA A MATARAZZO 1139 ISLAND CV WILMINGTON, NC 28412-2541			NO JOB TITLE/PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	RJH	CHECK		10/23/21	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 100.00	

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT HOLLOWAY					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
FIRST BANK 10 WATERFORD BUSINESS CTR WAY BELVILLE, NC 28451 (910) 383-3955					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 20.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
RJH	AUTO DEDUCT	K	9/29/21	\$ 10.00	BANK FEE
RJH	AUTO DEDUCT	K	10/29/21	\$ 10.00	BANK FEE
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 20.00
6. Total of ALL CRO-1310 Pages					\$ 20.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Refunds/Reimbursements From the Committee

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------	------------------------------	-----------------------------

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT HOLLOMAN					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
BRENT HOLLOMAN 623 GOVERNORS RD. SE WINNABOW, NC 28479		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		9/15/21, 9/20/21 9/30/21	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1915.00	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 1915.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
NO JOB TITLE / PROF		NOT EMPLOYED		RJH	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
CHECK	WEBSITE DEVELOPMENT / BUSINESS CARDS			9/30/21	\$ 1915.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
GREY OUTDOOR, LLC PO BOX 1591 WRIGHTSVILLE BEACH, NC 28480		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		12/1/21	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 300.00	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 300.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
NO JOB TITLE / PROF		NOT EMPLOYED		RJH	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
CHECK	BILLBOARD			12/1/21	\$ 300.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
JUSTIN SMITH 1074 EVANGELINE LELAND, NC 28451		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		11/30/21	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 265.00	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 265.00	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
OWNER		JUSTIN SMITH GRAPHICS			
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
CHECK	GRAPHICS CHARTS			11/30/21	\$ 265.00
4. Total only this Page					\$ 2480.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 6101.85
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

Amendment		
<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT HOLLOMAN					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
PAT BATTLEMAN 918 SPICEBUSH DR LELAND, NC 28451		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		12/13/21 & 12/22/21	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 929.73	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 929.73	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
NO JOB TITLE/PROF		NOT EMPLOYED		RJH	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
CHECK	CONSULTING SERVICES			12/22/21	\$ 929.73
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
JANET FEARL 1330 CROSSWATER CIRCLE LELAND, NC 28451		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		3/30/22	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 5.11	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 151.55	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
NO JOB TITLE/PROF		NOT EMPLOYED		RJH	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
CHECK	POSTAGE			3/30/22	\$ 5.11
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
RICHARD HOLLOMAN 3020 COBDEN COURT LELAND, NC 28451		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/01/21 - 12/31/21	
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2687.01	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 3974.02	
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
OWNER		CAPE FEAR PICKLEBALL		RJH	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
CHECK	FLYERS / ADVERTISING			12/31/21	\$ 2687.01
4. Total only this Page					\$ 3621.85
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 6101.85
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Pg 1 of 2

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT HOLLOWMAN		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JANET FEAR 1330 CROSS WATER CIRCLE LELAND, NC 28451 661-607-5253	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$ 151.55
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE	3/30/22	\$ 5.11
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PAT BATTLEMAN 918 SPICE BUSH DR LELAND, NC 28451	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$ 929.73
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CONSULTING	12/13/21	\$ 448.41
STRATEGY ASSISTANCE	12/22/21	\$ 481.32
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JUSTIN SMITH 1074 EVANGELINE LELAND, NC 28451	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$ 265.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
GRAPHICS CHARTS	11/30/21	\$ 265.00
		\$
		\$
4. Total only this Page		\$ 1199.84
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 6101.85

In-Kind Contributions

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT HOLLOMAN			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
RICHARD HOLLOMAN 3020 COBDEN COURT LELAND, NC 28451		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 2687.01
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ADVERTISING / SIGNS / CARDS / FLYERS		9/30/21 - 11/2/21	\$ 2687.01
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
GREY OUTDOOR, LLC PO BOX 1591 WRIGHTSVILLE BEACH, NC 28480		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 300.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
OUTDOOR ADVERTISING		10/20/21	\$ 300.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BRENT HOLLOMAN 623 GOVERNORS RD SE WINNABOW, NC 28479		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 1915.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEBSITE DEVELOPMENT / BUSINESS CARDS		9/30/21	\$ 1915.00
			\$
			\$
4. Total only this Page			\$ 4902.01
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 6101.85

Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment
 Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT HOLLOWAY			
3. Creditor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
FIRST BANK (910) 383-3955 10 WATERFORD BUSINESS CTR WAY BELVILLE, NC 28451		b. Description of Creditor BANK	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 20.00	\$ 20.00	\$ 20.00	\$ 0
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
FIRST BANK	9/29/21	\$ 10.00	
	g4. Purpose Code	g5. Required Remarks	
	K	BANK FEE	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
FIRST BANK	10/29/21	\$ 10.00	
	g4. Purpose Code	g5. Required Remarks	
	K	BANK FEE	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
	g4. Purpose Code	g5. Required Remarks	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
	g4. Purpose Code	g5. Required Remarks	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
	g4. Purpose Code	g5. Required Remarks	
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$ 20.00	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 20.00	
6. Purpose Codes (List detailed expenditure code in (g4.))			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			